

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

AKANIYONE WILLIAM GUN

Write the full name of each plaintiff.

24 CV 04957
(Include case number if one has been assigned)

-against-

CITY OF NEW YORK, JACOBI
MEDICAL CENTER, BROOKLYN,
DHS OFFICER HAYES # 825, MISS
GENESIS

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

☐ Yes ☐ No

RECEIVED
SDNY PRO SE OFFICE
2024 AUG 16 PM 1:01

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

See Attached

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, AKANUYENE ETAK, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Akaniyene William Etuk,

Plaintiff,

v.

**City of New York, Jacobi Medical Center, BronxWorks, DHS Officer Harvey #825, Miss
Genesis, and John Doe Officers 1-10,**

Defendants.

Case No.: _____

COMPLAINT

Introduction

This is a civil rights action brought by Plaintiff, Akaniyene William Etuk, against the City of New York, Jacobi Medical Center, BronxWorks, DHS Officer Harvey #825, Miss Genesis, and NYPD officers for violations of Plaintiff's constitutional rights, including the right to travel, the right to privacy, protection against unreasonable searches and seizures, and violations of the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

Jurisdiction and Venue

1. This Court has jurisdiction over this action under 28 U.S.C. § 1331 (federal question jurisdiction) and 42 U.S.C. § 1983 (civil action for deprivation of rights).
2. Venue is proper in the Southern District of New York under 28 U.S.C. § 1391(b) because the events giving rise to this claim occurred in this district.

Parties

3. Plaintiff, Akaniyene William Etuk, is a resident of Brooklyn, New York.
4. Defendant, City of New York, is a municipal corporation located at 100 Church Street, New York, NY 10007. Under New York law, the City of New York is the proper party to be sued in any civil action involving the New York City Police Department (NYPD). [See N.Y. Gen. Mun. Law § 50-e and N.Y.C. Charter Ch. 17 § 396].
5. Defendant, Jacobi Medical Center, is a healthcare facility located at 1400 Pelham Parkway South, Bronx, NY 10461.
6. Defendant, BronxWorks, is a social services organization located at 3600 Jerome Avenue, Bronx, NY 10467.
7. Defendant, DHS Officer Harvey #825, is an officer assigned to BronxWorks at 3600 Jerome Avenue, Bronx, NY 10467.
8. Defendant, Miss Genesis, is the assistant director at BronxWorks, 3600 Jerome Avenue, Bronx, NY 10467.
9. Defendants John Doe Officers 1-10 are officers of the NYPD stationed at 215 E 161 St., Bronx, NY 10451, whose identities are currently unknown.

Facts

10. On July 6, 2023, at approximately 6:34 PM, DHS Officer Harvey #825 and Miss Genesis, the assistant director at BronxWorks, called a team of NYPD officers to Plaintiff's residence at 3600 Jerome Avenue, Bronx, NY 10467, without Plaintiff's permission or any contractual basis.
11. Plaintiff, accompanied by a registered service animal providing essential services, was forcefully taken from his residence by NYPD officers without reason and without a victim, in violation of Plaintiff's rights to freedom, liberty, and the pursuit of happiness.
12. NYPD officers forced Plaintiff to identify himself, thereby violating Plaintiff's right to privacy.
13. NYPD officers, DHS Officer Harvey #825, and Miss Genesis made several legal determinations without possessing a license to practice law.
14. NYPD officers and DHS Officer Harvey #825 did not show their identification cards, thus failing to verify themselves as registered law enforcement officers.
15. NYPD officers approached Plaintiff with guns drawn, forcing Plaintiff under threat, duress, and coercion to leave his residence.
16. NYPD officers used physical force, causing Plaintiff and his service animal pain and injury before placing Plaintiff in handcuffs.
17. NYPD officers, DHS Officer Harvey #825, BronxWorks, and Miss Genesis transported Plaintiff and his service animal to a location different from his residence without a contract or Plaintiff's permission.
18. NYPD officers shot Plaintiff's service animal with a substance without a contract.
19. Plaintiff was taken to Jacobi Medical Center, where he was injected with a substance without his consent, violating HIPAA laws.

20. Previously, staff at BronxWorks broke into Plaintiff's locker without his presence, taking personal items, including a laptop, which a staff member named Jessica later returned only partially, violating Plaintiff's right to privacy.
21. There is no evidence that these officers signed an oath to "We the People."
22. There is no evidence that these officers are in fact police or policy enforcers for the original republic.
23. There is no evidence that these officers are not working for a foreign corporation.
24. There is no evidence that there was a victim to which Plaintiff may have caused harm.
25. There is no evidence that Miss Genesis and DHS Officer Harvey #825 had any reason nor followed procedures to call the NYPD, violating Plaintiff's liberty and putting his life in a gun-drawn situation.
26. Plaintiff's service animal was registered and vaccinated at the time of the incident. Copies of the service animal registration and vaccination papers are attached as Exhibits B and C, respectively.

Claims for Relief

Count I: Violation of the Right to Travel

27. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.
28. Defendants' actions on July 6, 2023, violated Plaintiff's right to travel freely within the United States.

Count II: Violation of the Right to Privacy

29. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

30. Defendants' actions in forcing Plaintiff to identify himself without justification violated Plaintiff's right to privacy.

Count III: Excessive Force

31. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

32. Defendants' use of physical force against Plaintiff and his service animal without lawful justification constituted excessive force in violation of the Fourth Amendment.

Count IV: False Imprisonment

33. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

34. Defendants' actions in detaining and transporting Plaintiff and his service animal without lawful justification constituted false imprisonment.

Count V: Violation of the Americans with Disabilities Act (ADA)

35. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

36. Defendants' arrest and detention of Plaintiff and his registered service animal, who was providing essential services at the time, constituted discrimination under the ADA.

Count VI: Violation of HIPAA

37. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

38. Jacobi Medical Center's actions in injecting Plaintiff with a substance without his consent violated HIPAA.

Count VII: Due Process Violations

39. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

40. Defendants' actions deprived Plaintiff of liberty and property without due process of law, in violation of the Fourteenth Amendment.

Prayer for Relief

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment in his favor and against Defendants, and award Plaintiff:

A. One million dollars (\$1,000,000.00) for each violation of Plaintiff's constitutional rights and the ADA;

B. One million dollars (\$1,000,000.00) for the violation of Plaintiff's registered service animal's rights under the ADA;

C. One million dollars (\$1,000,000.00) for the violation of Plaintiff's rights under HIPAA by Jacobi Medical Center;

D. Punitive damages in an amount to be determined at trial;

E. Declaratory relief stating that Defendants' actions violated Plaintiff's constitutional rights, the ADA, and HIPAA;

F. Injunctive relief preventing Defendants from engaging in similar conduct in the future;

G. Reasonable attorney's fees and costs of this action;

H. Such other and further relief as the Court deems just and proper.

Jury Demand

Plaintiff demands a trial by jury on all issues so triable.

Exhibits

- Exhibit A: Jacobi Medical Center Record
- Exhibit B: Copy of Service Animal Registration
- Exhibit C: Copy of Service Animal Vaccination Papers

Dated: __/__/

Respectfully submitted,

Akaniyene William Etuk

Plaintiff, Pro Se

2402 Atlantic Avenue #o4

Brooklyn, New York 11233

awetuk001@gmail.com

1(818) 485-9411 /1(929) 676-0970



Animal
Care Centers
of NYC

Reunification Form

326 East 110th Street
New York NY 10029
212-788-4000

Agent / Owner's Details

Person ID: 138876
Receipt #: 249314
Receipt Date: 7/12/2023

Person Name: Akaninyene Eink
Person Address: 1923 Mc donald Avenue APT 167
BROOKLYN NY 11223
Home Phone:
Mobile Phone: 818 489 9411
Email: awetuk01@gmail.com

Animal Details:

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 176452	Veillee	Dog	Yes	Black Brown	
Gender	Spayed / Neutered	Age	Incoming Date	License fee	
Female	No	3 Years	6-Jul-2023		

Reunification Details:

Item	Amount

Products / Services:

Product / Service	Date	Quantity	Price Each
Microchip Implantation		1	\$0.00
Microchip Implantation		1	\$0.00
Bordetella Vaccine		1	\$15.00
DA2PP Vaccine		1	\$15.00
Dewormer Treatment		1	\$12.00
Medical Exam		1	\$30.00
NYC Dog Licence, unaltered [LICU]		1	\$34.00
Rabies Vaccine		1	\$15.00
Restoration/Redemption Fee		1	\$3.00
Total products / services fee included in payment details below:			\$124.00

Payment Details:

Fee	Amount
Reunification	\$0.00
Dog License	\$0.00
	Amount Paid \$0.00

Notes:

Entered By:456 991311 Printed By:456 991311 Printed On:Jul 12 2023 10:10AM

Reunification Agreement:

REUNIFICATION CONTRACT

[To Animal Details](#)[To Kennel Card](#)[Main Search Page](#)[Switch to Current Address](#)[Print Form](#)Animal
Care Centers
of NYC

Agency Receipt

326 East 110th Street
New York NY 10029
212-788-4000**Person Details**Person ID: 5951
Receipt #: 285399
Receipt Date: 5/25/2024

Person Name: Police 52nd Precinct Police 52nd Precinct

Person Address: 3016 Webster Avenue
Bronx NY 10467

Home Phone:

Mobile Phone: 718 220 5811

Email:

Identification Type:

ID Number:

Animal Details

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 153814	Veillee	Dog	Yes	Black	Tan
Gender	Spayed / Neutered	Age	Primary Microchip #	Rabies Tag	Date In / Found
Female	No	3 Years 8 Months 3 Weeks (approx)	985113005559199	23-278818	25-May-2024

Payment Details:

Fee	Amount
	Amount Paid \$0.00

Notes:

Jurisdiction: Bronx

Entered By:1582 992296 Printed By:1582 992296 Printed On:May 25 2024 9:47PM Entered By User ID:1582

Conditions:

ACC's Surrender Prevention program can help you keep your pet! This program can provide you with information about free or low-cost veterinary care, pet food, behavior training, and more. Would you like to speak with an Admissions Counselor for more information? ☐ YES ☐ NO

PLEASE CONSIDER CAREFULLY

ANIMALS SURRENDERED TO ACC ARE CAREFULLY EVALUATED BASED ON AVAILABLE MEDICAL AND BEHAVIOR INFORMATION FOR ADOPTION, TRANSFER TO A RESCUE PARTNER, OR EUTHANASIA (HUMANELY PUT TO DEATH) AT THE SOLE DISCRETION OF ACC.

In consideration of Animal Care Centers of New York City ("ACC") accepting the animal described herein ("this animal"), I understand and agree as follows (please initial each section):

ACC does not guarantee that this animal will be adopted by a member of the public or transferred to a rescue partner. I understand that the length of time the animal may be held and the outcome, including adoption or humane euthanasia, is solely ACC's decision.

ACC may require that questions or other requests regarding the outcome of this animal be made in writing.

If this animal has bitten a person or animal, I will inform ACC.



Animal
Care Centers
of NYC

2336 Linden Boulevard
Brooklyn NY 11208
212-788-4000

Vet Treatment History

Owner Details

Akaniyene Etuk
1923 McDonald Avenue APT 167
BROOKLYN NY 11223

818 485 9411
818 485 9411

Animal Details

Name: Veilee
Type: Dog
Mixed: Yes
Color(1): Unknown (update later)
Gender: Female
Spayed / Neutered: Unknown
Age: 10 Months

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment Type	Date Given	Type	Expiration Date	Route Of Admin	Result	Vet	License #
1 Rabies Vaccine	22-Oct-2022	Killed				VET-P 991234	NY-010887
Vet Treatment Type					Due Date		
1 Rabies Vaccine					22-Oct-2023		

Vet Signature:

Dr. Michelle Lugo

Date: 10/22/2022 1:19:00 PM

Internet Explorer (5,168) - en... x | Mail (no response) - en... x | Track (USA Service) x | G Mail x | ChatGPT (OpenAI) x | ChatGPT x | Complaint filed x | Summary Report x | ICMS x | Mail: Akaninyene x | + - D X

usa.servicedogregistration.com/track/?trackid=1009076684



SERVICE ANIMAL TYPES ▾

STORE ▾

SUPPORT ▾

REVIEWS ▾

CALL OR TEXT NOW 766-282-1183

REGISTRATION LOGIN

LOGIN

MY ACCOUNT

Print

HANDLER INFO



Akaninyene Etuk
 1923 McDonald Avenue #151, Brooklyn,
 NY, 11223
 Email:
 polyphonicsystems@gmail.com
 Phone: 2135630546

REGISTERED ANIMALS



Animal #1: Veiloe
 Breed: Rottweiler
 Type: Service Dog

Handler: Akaninyene Etuk
 1923 McDonald Avenue #151,
 Brooklyn, NY, 11223
 polyphonicsystems@gmail.com
 2135630546

Registration: 1009076684
 Service: Medical Alert
 Training Status: My Dog Is
 "Trained Service Animal"

I have handling letter available.
 How to make my dog Service.
 Forget my registration number.



Jacobi | North Central Bronx JACOBI MEDICAL CENTER
3424 Kossuth Avenue
Bronx NY 10467

Patient: Etuk, Akaninyene
MRN: 6545179, DOB: 1/8/1977, Sex: M
Acct #: 268110101
Admit: 7/6/2023, Discharge: 7/6/2023

07/06/2023 - ED in NCB ED Adult (continued)

ED Provider Note (continued)

Attestation signed by Michelle Montenegro, MD at 07/07/23 0339

Review/Sign-off - PA/NP documentation w/ revisions: I have personally seen, evaluated and participated in this patient's care and find this patient's history and physical examination are consistent with the mid-level provider's documentation with the following exceptions/revisions. I spoke with the patient extensively about what happened in the shelter although he does seem to have a baseline paranoia about police he is pleasant calm cooperative with no suicidal or homicidal ideations no visual or auditory hallucinations and a very concrete thought process

Based on her assessment given he is not intoxicated and has no indications for forced psychiatric evaluation he will be discharged

He has no edema or point tenderness to suggest fractures therefore imaging ordered was not performed as suspicion for bony injuries significantly low

No head trauma

No focal neurological deficits

The patient is not intoxicated on interview

The patient was discharged in stable condition

Diagnoses addressed included:

1. **Aggressive behavior**

Note Initiated: 07/06/2023 at 9:02 PM

Encounter Date: 7/6/2023

Chief Complaint:

Chief Complaint

Patient presents with

- Aggressive Behavior

History of Present Illness:

46-year-old male with PMHx of carpal tunnel syndrome in the right wrist, delusional disorder, psychosis BIB NYPD to ED for aggressive behavior. As per officers pt was threatening other shelter residents with his dog, telling his dog to attack them. Pt states he was not being aggressive when NYPD officers came to his door and began harassing him. States NYPD officers kicked him in his back and hurt his R wrist. States NYPD is 'after him' and 'out to get him' for no reason. No head trauma. Denies SI/SA
Pt is A&O. Denies all ROS.

History provided by: **Patient, EMS personnel and police**

History:

Past Medical History:

Diagnosis

Date

- Adjustment disorder
- Conduct disorder
- Known health problems: none
- Psychosis (HCC)

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, CITY OF New York, is incorporated under the laws of the State of New York

and has its principal place of business in the State of New York
or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>AKANIYONG</u>	<u>W</u>	<u>ETUK</u>
First Name	Middle Initial	Last Name
<u>2402 ATLANTIC AVENUE #04</u>		
Street Address		
<u>BROOKLYN</u>	<u>NY</u>	<u>11233</u>
County, City	State	Zip Code
<u>929 676 0970</u>	_____	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

See Attached
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 2:

See Attached
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 3:

See Attached
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 4:

See Attached
First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Date(s) of occurrence:

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See Attached

Attached

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Attached

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Attached

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 08/16/2024 Plaintiff's Signature [Signature]
 First Name AKANYE Middle Initial W Last Name ENI
 Street Address 2402 ATLANTIC AVE # 04
 County, City BROOKLYN State NY Zip Code 11233
 Telephone Number 929 676-0970 Email Address (if available) _____

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



United States District Court
Southern District of New York

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.² Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.³

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

² You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

³ The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Please list all your pending and terminated cases to which you would like this consent to apply. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

Name (Last, First, MI)

Address

City

State

Zip Code

Telephone Number

E-mail Address

Date

Signature

Click Here to Save